TN				VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-026417
DO NOT WRITE				Registration District No
ON THIS STUB	AMENDED			1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
VS 300 Rev. 4/59	윤		1	* STATE Nebraska b. COUNTY Richardson *dmission)
Rev. 4/39	AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR TOWN Excelsion Springs 6 7778 6 7778 1 Inside Limits OR TOWN Falls City Yes & No E
1/ 64 (\{\{\}]].		
28260	DATE			c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROYAL HOTEL Inside Limits d. STREET ADDRESS (If cutside, give location) Yes \(\bigcircle{\text{No}} \) Yes \(\bigcircle{\text{No}} \) Yes \(\bigcircle{\text{No}} \) Yes \(\bigcircle{\text{No}} \)
3	2 1	11-	┪	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year (Type or print) OF
4 0				Bernard J. McDermott DEATH July 11 1962
				Months Days Hours Mi
5 /		11		Male White Widowed B-21-1899 62 Male Male White Box Box
6	SWO			Retired Conductor M. Pac. R. R. Wisner Nebraska USA 136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
7 1	FOLLOW	1 }		
8 Z.				15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
9//24/	E AS	11		(Yes, ap, or unknown) (If yes, give war or dates of service Pat McDermott, Falls City, Neb.
9420.1	ARE		5	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: ONSET AND DEAT
10	ی پ		ME	IMMEDIATE CAUSE (a) Mulbrure - Outrigly to an
11	RECORD AD OF		DOCUMEN	Do and Darling For
1291-3	1	11	ă	Conditions, if any, which gave rise to
12 1	THIS			above cause (a), stating the under
13 /-/			7	lying cause last. DUE TO (c)
	NO			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If decessed was female there a pregnancy in last 90 decessed.
	Z		1 1	Ŭ Yes □ No □ Unkn
	AMENDMENTS			PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If decessed was female there a pregnancy in last 90 do Yes No Unkn 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PREFORMED? YES NO WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PREFORMED? YES NO WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
z O	AME	} }		20c. TIME OF Houl Month, Day, Year INJURY a.m. p.m.
USE BLACK INK OR PEWRITER RIBBON				P.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK ☐ farm, factory, street, office bidg., etc.)
X ~ ~				NOT WHILE AT WORK
N S S E	READ			21. I attended the deceased from, toand last saw him alive on
K III				Death occurred atm on the date stated above, and to the best of my knowledge, from the causes stated.
USE BLACK OR TYPEWRITER	апонѕ		T OF	22a. SIGNATURE (Degree or title) (Degree or title) ADDRESS / Louis Chy Miss 7/16/1
-	- -	╂-}-	Ş	236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	Ŏ		AFFIDAVIT	Remokal 7-12-62 Catholic Cometery Falls City Neb.
	ITEM !		Ā	24 FINERAL DIRECTOR ADDRESS 1.25. DATE RECD. BY LOCAL REG. 1.26. AREGISTRAR'S SIGNATURE
	E		6	Prichard Funeral Home, Inc. 9-6-62 Caraline Butchings
	_			Excelsior Springs, Missouri (Licensed Embalmer's Statement on Reverse Side)

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Secr T 7 030

STATEMENT BY LICENSED EMBALMER

	I here	by ce	ertify th	nat the	boo	dy whose	e nai	me is	recorded	on the	reverse	side	of th	is certif	icate wa	s embaln	ned by n	ne,
от-Бу									· · · · · · · · · · · · · · · · · · ·				, S1	tudent f	mbalme	r No		– .
workin	g unde	r my	person	al supe	rvis	ion.					0			/	4	2/	, , ,	
Studen	t								_ Si	gned	al		1	en o	lan	dis	igh	llen
	Signature of Student Embalmer														42		_	
									-			6	Te.	leu	<u>L</u>	ffu	nigo	The
	Note:	The	above	MUST	BE	SIGNED	BY	THE	LICENSED	EMBAL	MER in	his	OWN	HAND	WRITING	(Failure	to com	٠ ply